




**2012 SUMMER LEARNING ACADEMY
REGISTRATION FORM**

For office use only:	
Received	_____
Processed	_____
Accepted?	___Yes ___No



Date of Application:

PLEASE CHOOSE A PROGRAM SITE:

☐ Lake Taylor Middle School

☐ Lafayette-Winona Middle School

☐ Blair Middle School

PARTICIPANT INFORMATION

Last Name

First Name

Middle Initial

Date of Birth (MM/DD/YYYY)

Current Age

Grade

Gender

☐ Male

☐ Female

Ethnicity (Optional): ☐ White ☐ Hispanic ☐ Asian ☐ African American ☐ Native American ☐ Other

Current Home Address (must be same as submitted to Norfolk Public Schools) *

Apartment Number

City

State

Zip Code

Home Phone Number

() -

☐ Check here if mailing address is different. Please provide mailing address below:

EMERGENCY CONTACT INFORMATION

Contact Name

Phone Number

() -

☐ Home

☐ Cell

☐ Work

PARENT/GUARDIAN INFORMATION

The participant lives with:

☐ Both Parents

☐ Mother Only

☐ Father Only

☐ Guardian

☐ Institutional-Child Care

☐ Other Relative

☐ Mother/Stepfather

☐ Father/Stepmother

☐ Foster Care

Mother's First and Last Name

Work Phone

Cell Phone

Primary/Preferred E-mail Address

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Father's First and Last Name

Work Phone

Cell Phone

Primary/Preferred E-mail Address

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If legal parents are separated or divorced, who has legal custody¹? ☐ Both ☐ Mother ☐ Father ☐ Other

HEALTH AND MEDICAL INFORMATION

Please list any allergies, disabilities, medical/special conditions, or fears that may affect the participant's stay during the program or while being transported home.²

TRANSPORTATION INFORMATION

My child will (check all that apply): ☐ Ride the bus³ ☐ Walk home ☐ Be picked up by a car

Please list all persons who have permission to pick up your child from the program:

Please list all persons who **DO NOT** have permission to pick up your child from the Summer Learning Academy program:

PARENT/GUARDIAN ACKNOWLEDGMENT

By signing below, you acknowledge you have completed this form in its entirety and all information is current and accurate. If accepted, you are giving permission for the participant on this form to participate in the Summer Learning Academy program and activities.

PRINT PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

¹ Please attach a copy of the Custody Agreement.

² Please attach any medical condition, disabilities or physical/emotional behavioral explanation to this application.

³ Bus transportation is provided for participants who are zoned for the site they are attending and normally ride the bus during the regular school year.

**2012 SUMMER LEARNING ACADEMY
EMERGENCY CONTACT AND MEDICAL INFORMATION FORM**

☐ M ☐ F
Gender (Check one)

Participant Name

Date of Birth (MM/DD/YYYY)

Parent/Guardian Name

Parent/Guardian Name

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() -

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Home/Cell Phone

Work Phone

Home/Cell Phone

Work Phone

Address

Apt. No.

Address

Apt. No.

City

State

Zip Code

City

State

Zip Code

Relationship to Participant

Relationship to Participant

ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact

Secondary Emergency Contact

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() -

() -

() -

Home/Cell Phone

Work Phone

Home/Cell Phone

Work Phone

Address

Apt. No.

Address

Apt. No.

City

State

Zip Code

City

State

Zip Code

Relationship to Participant

Relationship to Participant

MEDICAL INFORMATION

Is the participant on any medications?

☐ Y ☐ N
(Check one)

Medications and dosage information

Hospital/Clinic Preference (i.e. Sentara Norfolk General, DePaul, Sentara Leigh, Urgent Care)

Physician's Name

() -
Phone Number

Insurance Company

Policy Number

List any allergies, disabilities and/or medical/special conditions

AUTHORIZATION AND RELEASE INFORMATION

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for the participant and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature

Date

If a medical emergency takes place while on an off-site field trip, I release the City of Norfolk and authorized individuals from liability in case of accident during activities related to the Summer Learning Academy program, as long as normal safety procedures have been taken.

Parent/Guardian Signature

Date

